

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 564578

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1					
6	2		1			
7	2					
8	1					
9	1					
10	1					
11	1					
12	1		1			
13	2		1			
14	2	c	c			
15						
16						
17						
18						
19						
20						
21						
22						
23	1					
24	1					
25	1					
26	1					
27	1					
28	2					
29	2					
30	1					
31	1					
32	1					
33	1					
34	1					
35	2					
36	2					
37						
38						
39						
40						
41						
42						
43						
44						
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.			7			
TOTAL DEP.			77			
TOTAL CLAIMS			84			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						